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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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DI	ECLARATION F	OR UTILITY OR	Attorney Docket Number	NTI-004			
	DES	GN	First Named Inventor	Linard Karklin			
	PATENT AP	PLICATION	COMPLETE IF KNOWN				
	(37 CFF	R 1.63)	Application Number	Filed Herewith			
\boxtimes	Declaration [Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e))	Filing Date	Filed Herewith			
	with Initial OR Filing		Group Art Unit	unknown			
<u> </u>		required)	Examiner Name	unknown			

		that:							
My residence, post office address, and citizenship are as stated below next to my name.									
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plunames are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:									
• • •	System And M	lethod Of Provi	ding Mask (Quality C	ontrol"				
	(Title of the Invention)								
the specification of which is attached hereto OR		·	·						
was filed on (MM/	DD/YYYY)		as United States Application Number or PCT Intern						
Application Number	and was amended	on (MM/DD/YYYY)	(if applicat	ole).					
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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120, of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of the application is not designated in the prior United States or PCT international application in the manner provided by the first paragraph of 31 U.S.C. 112. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

between the filing date of the prior application and the national or PCT international filing date of this application.												
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Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto. As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the												
As a named invento Patent and Tradema				tered practition Sustomer Nur				application	and to tra		II business in Place Customer	tne
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Name	Jeane	tte S. Harms										
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Country U.S.			Telephone +1 (408) 451-5							+1 (408) 451-5908		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are												
punishable by fine of	or impris	sonment, or both,										
application or any pa	atent iss	ued thereon.	 -									
Name of Sole	or Fire	st Inventor:			Αp	etition ha	s been fil	led for th	nis unsign	ed inve	entor	
Given Name (first and middle (if any)							Family Name or Surname					
		Linard			<u> </u>			Ka	rklin	 -		
Inventor's Signature Ann			len						Date	3	(20/0/	, ——
Residence: City		Sunnyvale	State	CA		Country	<u>v</u>	US	Citizen	ship	US	
Post Office Addre		1134 Shenand	doah Dr.									
Post Office Addre	ess											
City		Sunnyvale	State	CA		ZIP		4087	Counti		US	
☐ Additional inverse	ntors ar	e being named o	on the	supplemer.	ntal Ad	dditional Ir	nventor(s)	sheet(s)	PTO/SB/U	J2A atta	iched hereto):

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

Name of Additional	Joint Inventor,	A petition has been filed for this unsigned inventor									
Given Name (first and middle (if any)					Family Name or Surname						
	Pang										
Inventor's Signature	Date 03/20/01										
Residence: City	CA	CA Country			Citizenship		China P.R.				
Post Office Address	63 Abrams Ct., 1A	- 185	75	75 GREENRIDGE CT							
Post Office Address											
City	C.A	CA ZIP		9455-2 -94305-	Country		US				
Name of Additional	Joint Inventor,	if any:		A petition has been filed for this unsigned inventor							
Given Name	(first and middle (if	any)		Family Name or Surname							
	Lynn			Cai							
Inventor's Signature	Date March 70,01						rch 70,01				
City	Union City	State	C.A	Country US		Citizenship		Canada			
Post Office Address	4531 Cape View D	rive									
Post Office Address							· · · · · · · · · · · · · · · · · · ·				
City	C/	CA ZIP		94587	Country		US				
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor.								inventor			
Given Name	Family Name or Surname										
Inventor's Signature		Date									
City	State				Country		Citizenship				
Post Office Address						·	· · · · · · · · · · · · · · · · · · ·				
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